

**U.S. Environmental Protection Agency
State Review Framework: Round 1 (Fiscal Years 2003 – 2007)
Recommendation Status**

Kentucky Department of Environmental Protection (KDEP)

36 Recommendations

Clean Air Act Recommendations

Recommendation Title: KYDEP should analyze their data system and implement corrections.

Element: E1 Insp Universe

Finding: According to the data metrics, 225 FCEs were performed at Title V major sources in FY2004-FY2005 (the data metrics only credits one FCE for every 2 year period). This translates to a 91% FCE performance rate (225/247) in KY. KY's commitment was 100%. The national average is 84%. The data metrics show that from FY2002-FY2005, 58 FCEs were performed out of 108 (54%) SM sources. The national average is 77%. Thus it appears that KYDEP needs to complete a number of FCEs at SM sources in order to meet their CMS Plan to perform FCEs at all SM sources over five years.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: KYDEP should analyze why the data system does not credit all the FCEs at their Title V and propose measures that will ensure the implementation and fulfillment of its CMS Plan.

Recommendation Title: LMAPCD should propose and implement a plan that will ensure that their FCEs get completed.

Element: E1 Insp Universe

Finding: FCEs at Title V major sources: Under LMAPCD's FY2004-2006 CAA CMS Plan, LMAPCD planned to meet the prescribed EPA frequencies of FCEs i.e., once every two years for Title V majors and once every five years for SM 80 sources. The CMS Plan committed to 26 FCEs at Title V sources in FY2004 and 18 in FY2005 for a total of 44 Title V FCEs. According to the data metrics, two FCEs were performed out of 59 CMS identified major sources for FY2004-FY2005. This is below the commitment in LMAPCD's CMS plan. FCEs at SM 80 sources: A SM 80 source is one which emits or has the potential to emit at or above 80% of the major source threshold. LMAPCD calls them Federally Enforceable District Origin Operating Permits (FEDDOOPs). LMAPCD's FY2004-2006 CMS Plan committed to 92 FCEs at SM 80 sources (32 in FY2004; 32 in FY2005 and 30 in FY2006). The data metrics show that from FY2002-2005 (the data metrics was only able to generate a four year vs. five year period), 23 FCEs were performed out of 107 (22%) SM 80 sources. The national average is 77%. Thus LMAPCD needs to complete 84 FCEs in FY2006 in order to meet their CMS Plan to perform FCEs at 100% of all SM 80 sources over five years. LMAPCD was asked about

their FCE completion rate. They shared that due to competing priorities and resource issues they could only perform 30 FCEs in FY2004 (11 Title V; 15 SM 80 and four true minors) and none since then. These 15 FCEs took upwards of three years to complete once they were started. Note that EPA's guidance requires FCEs to be completed within the fiscal year they were begun. According to the data metrics for LMAPCD, no Title V annual compliance certifications were received nor reviewed in FY2005. This reflects the low priority put on coding information into AFS. However, as documented in the file review, some Title V annual certifications are received and reviewed by LMAPCD staff. Sources with "Unknown" Compliance Status Designations: The data metrics show 47 major and synthetic minor sources with an "unknown" compliance status.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: Local Action

Recommendation Narrative: LMAPCD should propose and implement a plan that will ensure that their FCEs get completed as committed in their CMS Plan and within the time frames outlined in EPA's CMS policy. This plan should also address steps to minimize the number of unknowns.

Recommendation Title: LMAPCD should develop and implement a plan to have all their source files document FCE elements.

Element: E2 Violations ID'ed Appropriately

Finding: Fifteen source files were reviewed to see how LMAPCD documents a completed FCE. It was acknowledged by LMAPCD staff, that they took the opportunity in knowing in advance about the files to be reviewed to organize the 15 files and ensure that each documented all elements of an FCE. Thus for the 15 files reviewed each had the appropriate FCE documentation and were well organized. LMAPCD should aspire to have all their files in such condition.

Status: Completed

Expected Completion Date: 12/31/2008

Responsible Agency: Local Action

Recommendation Narrative: LMAPCD should develop and implement a plan to have all their source files document FCE elements as thoroughly as the 15 files reviewed.

Recommendation Title: KYDEP needs to implement their plan to do HPV training.

Element: E4 SNC Accuracy

Finding: According to the data metrics, KYDEP's HPV discovery rate was 4.7% (national average 10.3%) based on FCE coverage in FY2005. KYDEP has given all regional managers copies of the June 1999 OECA HPV Handbook and directed them to read and implement the plan. KYDEP also plans to host HPV training over the coming months. Region 4 is available to assist in HPV training.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: KYDEP needs to implement their plan to do HPV training.

Recommendation Title: LMAPCD should develop and institute a plan that will ensure conformance with the processing requirements of the HPV policy.

Element: E4 SNC Accuracy

Finding: There are no statistics in the data metrics on the discovery rate of HPVs because HPVs have not been identified for several years by LMAPCD. Also, entering of data into AFS (the source of the data metrics) has been a low priority.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: Local Action

Recommendation Narrative: LMAPCD should examine their present practices of identifying HPVs and develop and institute a plan that will ensure conformance with the processing requirements of the HPV policy.

Recommendation Title: LMAPCD should propose and implement a plan that will ensure source files document compliance with board orders.

Element: E5 Return to Compliance

Finding: Of the 15 LMAPCD sources files reviewed, three contained a board order (note that because of the limited knowledge gained from the data metrics it was not possible to choose files with known enforcement activity). Two have returned to compliance. The file on the third source shows the order being met and that the penalty has been paid but no indication of full compliance.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: Local Action

Recommendation Narrative: LMAPCD should propose and implement a plan that will ensure source files document compliance with board orders.

Recommendation Title: KYDEP should do their own analysis on their HPV resolution rate.

Element: E6 Timely & Appropriate Actions

Finding: According to the data metrics, in FY2005 14 of KYDEP's 17 HPVs (82 %) remained in unaddressed status for greater than 270 days. The file review supported this statistic. Of 22 files reviewed that were identified as being a HPV, 10 HPVs (45%) remained in unaddressed status for greater than 270 days. EPA's policy is that all HPVs be addressed within 270 days. The national average is 56 %. Region 4 checked more recent information in AFS on resolution of HPVs to verify the above. Specifically, an AFS report entitled "HPV Summary" was pulled on May 21, 2007, covering FY 2006 to date. This report shows 17 state lead HPVs with a day zero during this time period. Of these 17 state lead HPVs, two are unaddressed and greater than 270 days have passed, five were addressed after 270 days passed, one was addressed within 270 days and nine are unaddressed and less than 270 days have passed. These statistics indicate that KYDEP has improved upon their HPV resolution timeframes.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: KYDEP should continue to make resolution of their HPVs a high priority and reexamine ways this could be improved so the goal of all HPVs being

addressed in 270 days is met. Specifically, it is recommended that KYDEP do their own analysis on their HPV resolution rate and submit a findings report, including recommendations, to EPA.

Recommendation Title: LMAPCD should implement a plan that will ensure conformance with the processing requirements of the HPV policy.

Element: E6 Timely & Appropriate Actions

Finding: As stated earlier, LMAPCD's has not reported HPVs for several years. Thus no data available to see how timely LMAPCD is in addressing HPVs. Of the 15 source files reviewed, none were identified as having a HPV.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: Local Action

Recommendation Narrative: As noted in the element 4 recommendation, LMAPCD should examine their present practices of identifying HPVs and propose and institute a plan that will ensure conformance with the processing requirements of the HPV policy.

Recommendation Title: KYDEP should continue to retain penalty documentation.

Element: E8 Penalties Collected

Finding: None of the case resolution proposals reviewed clearly denoted consideration of gravity or economic benefit penalty components. KYDEP says that they do include such components in the case resolution proposals; however, this information does not stand out. Subsequent to this finding, KYDEP now clearly denotes in the case resolution proposals consideration of there penalty components.

Status: Long Term Resolution

Expected Completion Date: 09/30/2009

Responsible Agency: State Action

Recommendation Narrative: KYDEP should continue use of clearly denoting consideration of the gravity and economic benefit components in their penalty documentation and retain this documentation for a period of time to be determined by KYDEP.

Recommendation Title: LMAPCD should document penalties.

Element: E8 Penalties Collected

Finding: There was no documentation (meaning a worksheet) in the source files on how the penalty amounts were derived for the Board Orders. Specifically, two incident investigation reports were submitted. In one case it showed two penalty figures with a regulation citation and in the other it showed a penalty number that was derived from multiplying a certain number of emission units times a dollar amount. There were no references to extenuating or mitigating factors that would impact the penalty.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: Local Action

Recommendation Narrative: LMAPCD should develop and implement a penalty calculation worksheet or some method that documents if extenuating or mitigating factors are considered resulting in a deviation from the penalty assessment table. LMAPCD

should also continue to use their penalty calculation worksheet for HPVs when the opportunity arises.

Recommendation Title: LMAPCD should develop and implement a plan that will ensure accurate and timely entry of the MDR into AFS.

Element: E10 Data Timely

Finding: One specific item that the SRF requests to be analyzed is the HPV MDRs. These MDRs require timely entry of HPV data into AFS. There were no new HPVs identified during the time frame of this review thus no information on how timely LMAPCD is with the 60 day requirement to enter HPVs in AFS after they are designated HPVs.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: Local Action

Recommendation Narrative: LMAPCD should develop and implement a plan that will ensure accurate and timely entry of the MDR into AFS.

Recommendation Title: KYDEP needs to implement a plan that will ensure that stack tests results get recoded in AFS in real time.

Element: E11 Data Accurate

Finding: With respect to stack test data, the data metrics show 100% of stack tests performed in FY2005 not having their pass/fail results coded into AFS.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: It is understood that KYDEP has now updated AFS with all backlogged stack test results. KYDEP needs to develop and implement a plan that will ensure that stack tests results get recoded in AFS in real time.

Recommendation Title: LMAPCD should ensure that MDRs are entered timely and accurately into AFS.

Element: E11 Data Accurate

Finding: This metric analyzes sources carried as HPVs compared to their AFS plant compliance status. HPVs should be shown in AFS as in non-compliance. With no HPV information in AFS, this element could not be analyzed. With respect to stack test data, the data metrics show no stack tests performed in FY2005 (or at least none entered in AFS).

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: Local Action

Recommendation Narrative: LMAPCD should ensure that MDRs are entered timely and accurately into AFS.

Recommendation Title: KYDEP should examine the sources coded in AFS with the CMS identifier and develop a plan to ensure accuracy of this MDR.

Element: E12 Data Complete

Finding: Title V universe; source count of major, synthetic minor and NESHAP minor sources; universe of new source performance standard (NSPS), NESHAP and MACT sources; completeness of FCEs and partial compliance evaluations (PCEs) being reported; historical non-compliance counts; completeness of sources receiving NOVs; completeness of HPV reporting; completeness of enforcement actions being reported and completeness of penalty dollars assessed by the state. As noted in element 1, there is a data issue of appropriately identifying KY's CMS Plan sources.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: KYDEP should examine the sources coded in AFS with the CMS identifier and develop a plan to ensure accuracy of this MDR.

Recommendation Title: LMAPCD should examine the overall integrity of the MDR data in AFS and develop and implement a plan to rectify issues.

Element: E12 Data Complete

Finding: As noted throughout this report, LMAPCD puts a low priority on entering information into AFS.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: Local Action

Recommendation Narrative: LMAPCD should examine the overall integrity of the MDR data in AFS and develop and implement a plan to rectify issues. The recommendations in elements 9-12 could be addressed together.

Clean Water Act Recommendations

Recommendation Title: KYDEP should improve inspection reports and DSMRE processes.

Element: E2 Violations ID'ed Appropriately

Finding: KDEP has an electronic database, TEMPO, which contains a wide variety of information relating to NPDES permittees. Since the implementation of TEMPO, DOW uses a regulation based system for conducting inspections. The completed checklist accompanied by a cover letter, is considered the inspection report. The quality of inspection reports reviewed in the TEMPO database and hard copy files varied from being very detailed with narratives and supporting photographic evidence, to brief with little to no description. The on-site file review of inspections conducted noted inconsistencies in documented level of review between different inspectors conducting similar types of inspections. The DSMRE "complete inspection" checklist/ mine inspection report includes a box to identify if the KPDES requirement for effluent limitations per, 401 KAR 5:065 was evaluated. The complete inspection checklist also includes an opportunity for the inspector to select if "All structures with KPDES sampled and in compliance." The checklist form contains additional space devoted for inspector comments and observations. The sample of inspection reports reviewed did not describe what was observed to sufficiently support compliance determinations.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: KDEP should make it a practice to supplement or enhance the current inspection checklist used to specify areas evaluated during the inspection such as site specific records reviewed (permit, DMRs, lab sheets, SWPPP, etc.) and physical areas evaluated (i.e. outfalls, effluent/receiving stream, lab, pretreatment, and sludge). KDEP should also update its Enforcement Guidance Manual with inspection documentation guidance. Annual inspector training for field inspectors should be conducted to refresh and/or update inspectors on new and existing rules/regulations. The DSMRE checklist/mine inspection form should be revised to include the regulatory citations in addition to applicable KPDES requirement language. The DSMRE inspection checklist should be sent to KDEP for DOW and DENF review and comment to ensure all KPDES areas are reviewed thoroughly during the on-site inspection. DOW should periodically perform joint and or oversight inspections with DSMRE to ensure thorough review of the facility is performed per KPDES requirements.

Recommendation Title: KYDEP should respond to repeat violations by escalating enforcement in accordance with the EMS, and the DENF standard operating procedure (SOP).

Element: E4 SNC Accuracy

Finding: Kentucky identifies and generally addresses violations using the EPA criteria outlined in program delegation documents and the Memorandum of Agreement (MOA). Kentucky operates under a current EMS dated October 1988, that describes how and when Kentucky will take action on violations. The State's EMS has not been revised since 1988. The EMS serves to establish enforcement responses that are appropriate, assures relatively uniform application of enforcement responses to comparable levels and types of violations statewide, and it represents a standard against which an enforcement program can be evaluated. Kentucky's EMS does not address changes in the rules/regulations such as those dealing with storm water, MS4, and concentrated animal feeding operation, and changes in SNC definitions. The KDEP enters major facilities' effluent data into PCS in a timely manner (see Element 10). The KDEP is required to maintain a DMR and parameter data entry rate for majors at or above 95% by the PCS policy statement and the annual CWA section 106 workplan commitment. For FY2005, the KDEP data entry rate averaged an impressive 100% and exceeded the national average of 95.5%. 100% data entry helps ensure accurate SNC identification and accurate ECHO reports. PCS automatically identifies and designates SNC based upon compliance schedules contained either in permits or enforcement actions, effluent violations contained in DMRs, and other violations such as single event violations (SEV). SEV are discretionary for the state with respect to their designations as significant. PCS automatically identifies SNC based upon the DMRs and other means. The percent of Kentucky's majors in SNC for fiscal year 2005 was 12.8%, below the national average of 17.4%. In all instances reviewed, violations at major facilities that resulted in formal enforcement response were self reported. EPA has recently clarified its expectations for reporting SEV, and future reviews of this element will include assessment of the states' performance against the revised expectations.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: The state should be more systematic with enforcement follow-up; responding to repeat violations by escalating enforcement in accordance with the EMS, and the DENF standard operating procedure (SOP). Since DOW refers violations to the DENF, the DENF has developed a SOP, adopted in March 2005, which addresses compliance and enforcement referrals, criminal violations, interagency coordination, etc. It is recommended the SOP be reviewed for consistency with the EMS. Kentucky should review and update its EMS and submit the EMS to EPA in accordance with the CWA §106 workplan. KDEP should consider allowing for the option to address facilities that would become SNC or are in SNC to be fast tracked to a formal enforcement action when revising/updating the EMS. This option would be in addition to the current process where a formal enforcement action must be preceded by a LOW/NOV. It is recommended that Kentucky, on a monthly basis, review the QNCR and the Watchlist that the Region provides to ensure that all SNC's are addressed in a timely and appropriate manner. Kentucky should utilize the Watchlist as a tool to gauge progress in addressing timely and appropriately those facilities that are in SNC two or more quarters and to target facilities that may not be in SNC but meet the Watchlist criteria 2c. It is noted that during the review period of FY 2005, KDEP was required to report major facilities that meet Watchlist criteria 2c (24 effluent violations in a 2 year period), 2d1 (single violation in excess of 200% of the KPDES permit limit) and 2d2 (single pH violation where pH is less than 4 or greater than 11). However, as of FY 2007, Kentucky is only required to report major facilities that meet Watchlist criteria 2c.

Recommendation Title: KYDEP should develop a referral procedure protocol consistent with the EMS, which specifically addressed FOB referrals.

Element: E5 Return to Compliance

Finding: The majority of enforcement actions taken by KDEP are NOV's. KDEP provides violators numerous opportunities to achieve compliance by sending out multiple violations notices to the same systems. While this practice may eventually achieve compliance, it allows systems to remain out of compliance for some period of time. In some cases where the initial NOV proved to be inadequate in returning the facility back into compliance, the KDEP chose to repeatedly issue additional NOV's for the same violation(s) instead of escalating enforcement appropriately by pursuing formal administrative actions such as a CO or a UO or pursuing a civil judicial action.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: The State should be more systematic in enforcement follow-up; responding to repeat violations, escalating enforcement in accordance with the EMS, and case referral. Since the DOW refers violations to the DENF, the State should develop a referral procedure protocol consistent with the EMS, which specifically addressed FOB referrals.

Recommendation Title: Formal enforcement action should be pursued when an informal enforcement action has not been successful in returning a facility back to compliance and/or when a formal enforcement action is more appropriate.

Element: E6 Timely & Appropriate Actions

Finding: The state is above the 2% threshold for SNC facilities that are beyond required enforcement timeliness milestones reported at 6.4%, but below the national average of 7.7%. One penalty order (PO) for a major facility identified in PCS was not found in the TEMPO database or the facility hard copy file, therefore could not be reviewed.

Additionally, the file review noted two occasions where the state's enforcement response was not issued timely to address violations at a major facility.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: Formal enforcement action should be pursued when an informal enforcement action has not been successful in returning a facility back to compliance and/or when a formal enforcement action is more appropriate. If an informal enforcement action does not achieve compliance, more appropriate escalated enforcement action(s) should be pursued for timely issuance and execution. Likewise, further escalation of formal enforcement should be considered in a timely manner when existing formal enforcement action does not assure expeditious compliance. Kentucky should evaluate its enforcement response policies to determine ways to ensure that the state enforcement action response is timely, striving to maintain the less than two percent national goal for major facilities without timely action. KDEP's EMS requires revision. The enforcement escalation requirement should be focus allow for facilities that would become SNC or are in SNC would be fast tracked to a formal enforcement action. This approach would establish that formal enforcement action is initiated and/or executed within 60 days from the violation(s) being reported or becoming known whether through on-site inspection, DMR submittal or other sources such as complaints received and/or follow up. If the facility is in SNC, the escalation to a formal enforcement action with or without prior NOV actions should be considered as the enforcement response. The EMS revision should also incorporate a process to refer cases or situations for criminal investigation/enforcement consistent the criminal referral procedures found in the DENF SOP. The DENF SOP and EMS should be consistent in enforcement approaches and timeframes.

Recommendation Title: KYDEP should complete an independent assessment of economic benefit or potential economic benefit.

Element: E7 Penalty Calculations

Finding: Kentucky has statutory provisions that prohibit an administrative body from using a policy, memorandum, or other form of action to modify or expand statute or administrative regulation, or to expand or limit a right by the U.S. Constitution, the Kentucky Constitution, a statute, or administrative regulation. Because of this, the KDEP has no written penalty policies. KDEP generally attempts to follow EPA's penalty guidelines, however, penalty worksheets are not included in the compliance and enforcement files nor are they formally maintained elsewhere, due to the statutory prohibition.

Status: Long Term Resolution

Expected Completion Date: 09/30/2009

Responsible Agency: State Action

Recommendation Narrative: An independent assessment of economic benefit or potential economic benefit derived should always be performed. Every reasonable effort must be made to calculate and recover economic benefit and gravity. If such assessment is not feasible or is not applicable, a notation in the file should be made with an explanation. If exceptions to the calculated penalties are made, then a detailed explanation should follow documenting the cause for such deviations (e.g. waiving penalties, inability to pay evaluation, etc.). In light of the current statutory provision prohibiting development and use of a penalty policy, all supporting documentation demonstrating penalty derivation, specifically addressing gravity and economic benefit, should be retained in an alternate central location and made available for review by EPA. Kentucky should adopt a singular form/format for documenting penalty rationale. This would promote consistency in penalty assessments performed and alleviate potential confusion in requesting and referencing penalty documents in future reviews. Additionally, Kentucky should utilize EPA's BEN model or other similar methodology as a useful tool in calculating economic benefit.

Recommendation Title: The KYDEP should pursue collection of assessed penalties and provide better documentation.

Element: E8 Penalties Collected

Finding: Of the formal enforcement actions reviewed that had associated penalties, payment acknowledgement documentation (i.e. closure letter, copy of check/payment) was not consistently found in the files reviewed, nor was documentation provided by KDEP that supported that such information was maintained elsewhere. Additionally, KDEP has/does not enter penalty collected information into PCS (see Elements 9, 10 and 12).

Status: Long Term Resolution

Expected Completion Date: 09/30/2009

Responsible Agency: State Action

Recommendation Narrative: The KYDEP should pursue collection of assessed penalties to promote compliance by deterring future violations. Penalty reduction due to a facility's claim of inability to pay should only be considered upon review of appropriate supporting financial documentation submitted by the facility. All documentation supporting the mitigation of an assessed penalty, in addition to inability to pay, should be retained in the facility file. EPA Region 4 can provide guidance and instruction on how inability to pay issues are addressed and determined. KDEP should continue promoting the use of Supplemental Environmental Projects (SEPs) as an option to mitigate assessed penalty amounts. The KYDEP should ensure penalty assessment and collection information is properly and timely encoded into PCS as required pursuant to the CWA§106 workplan (see Element 9). Documentation or tracking records of penalties collected (payment acknowledgement letter, copy of payment checks, database reports, etc.) should be consistently maintained and available for review upon request.

Recommendation Title: KDEP should comply with negotiated grant workplan commitments.

Element: E9 Grant Commitments

Finding: Kentucky's CWA §106 workplan states the Kentucky is to "Maintain procedures, processes, and records pertaining to compliance evaluation and enforcement

actions including actions involving penalties and associated penalty calculations, and make such records available for review and program oversight. (40 CFR Section 123.26 and 40 CFR Section 123.27)--Must meet minimum standards for State Compliance program and State Enforcement program and authorities.” Because penalty documentation is not retained consistently and when available, does not specify economic benefit consideration, fulfillment of this workplan commitment could not be demonstrated. Additionally, the Section 106 workplan addresses data management requirements that apply to all NPDES permits unless otherwise specified. KYDEP has not consistently entered penalty collected data and enforcement actions into PCS. The Field Operations Branch has not been entering enforcement actions into PCS stating limited resources available for data entry.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: KDEP should comply with negotiated grant workplan commitments. Anticipated concerns that may impact meeting workplan commitments (i.e. limited resources) should be discussed during the workplan development phase. EPA should be notified as soon as the state is made aware, of any unanticipated concerns or the inability to meet established workplan commitments in order to discuss options and expectations.

Recommendation Title: Kentucky should enter all required minimum data into PCS in a timely manner.

Element: E10 Data Timely

Finding: Minimum data requiring PCS data entry per the CWA §106 workplan include all formal and informal enforcement actions, assessed and collected penalty amount, compliance schedules, and inspections. The file review discovered that penalty information, informal enforcement actions and inspection documentation were found to be in the facility file but not entered into PCS consistently. The DENF SOP has a penalty tracking process developed which requires penalty and/or cost recovery information to be entered only into TEMPO within a certain defined time frame. DSMRE utilizes their own separate and distinct database, Surface Mining Information System (SMIS)-Doctree, which contains information such as permits, enforcement, complaints, etc. DOW does not perform oversight or verification to ensure timely and accurate PCS data entry regarding inspections, enforcement actions, and DMR results for the DSMRE inspected facilities.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: Kentucky should enter all required minimum data into PCS in a timely manner for inspections, enforcement actions, permit limits, penalty information and/or DMR data (see Element 9). The DENF SOP penalty tracking process should be revised to include penalty and/or cost recovery information to be entered into PCS, in addition to TEMPO, within a certain defined time frame consistent with the CWA §106 workplan. Kentucky should quarterly pull PCS and TEMPO data reports to compare results and reconcile any noted differences immediately to ensure that PCS is reflecting up to date information. KDEP should also perform periodic QA/QC checks to

ensure that DSMRE data is both timely and accurately inputted into PCS. The revised MOU should clearly define each agency's role to ensure that the data in PCS is complete and entered in a timely manner.

Recommendation Title: Data quality with respect to DMR and parameter measurement coding into PCS should be at least 95%.

Element: E11 Data Accurate

Finding: The SRF data metrics noted major facilities having correctly coded limits (current) for Kentucky is below the national goal of at or above 95%, but close to the national average of 88.8%, reported at 87.1%. However, findings from the on-site file review did not support this metric finding. DMRs were spot checked during the on-site file review activity and were compared to the values reported into PCS, as well as to the facility permit. Effluent limits entered in PCS matched with the limits noted in the permits; and parameter measurements reported on the DMRs reviewed matched with the measurements entered and recorded in PCS. Of the 37 facility files reviewed, one inspection date, five inspection types, one ACO date, and one penalty amount were found to be incorrectly entered into PCS. One Agreed Order was also found to incorrectly reference an inactive permit number for the same facility.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: Data quality with respect to DMR and parameter measurement coding into PCS should be 95%, at a minimum. Kentucky should re-evaluate and revise, as necessary, current protocols to ensure limits are coded correctly. The usefulness of PCS is only as good as the data that supports the database. Data must be entered timely and accurately to ensure current information is available and reliable to determine compliance status. Data entry procedures should be developed that account for regular QA/QC of data entered into PCS.

Recommendation Title: KDEP should ensure data entry and data quality.

Element: E12 Data Complete

Finding: During the file review, six inspections and 21 NOVs were documented in the file but not entered into PCS. Although KDEP was able to maintain a DMR and parameter entry rate for majors at an impressive 100%, data completeness is a concern.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: Since the on site file review, DENF has been working to correct problems with TEMPO that inhibit an accurate count of Agreed Orders and other milestones in the formal enforcement process. DENF has provided supplemental information that now displays 39 formal actions (after taking into consideration multiple TEMPO entries for the same enforcement action). KDEP should institute procedures that assure that all information that should be entered into PCS is routed to data entry staff. Periodic TEMPO and PCS data pulls should be performed for all minimum data sets required to reconcile any differences found. Kentucky should comply with the minimum data requirements per the EMS, CWA §106 workplan and MOU.

Resource Conservation and Recovery Act Recommendations

Recommendation Title: KDEP should meet all statutory requirements, and ensure data in RCRAInfo is timely and accurate.

Element: E1 Insp Universe

Finding: Inspections at TSDs: The Solid Waste Disposal Act §3007(e) requires that every operating TSD be inspected once every two years. The State Review Framework Metrics indicate that KYDEP inspected 94% of the operating TSDs in their state in the two-year time period of FY2004 to FY2005, which is below the statutory requirement of 100% inspection coverage. There are two state-owned operating TSDs in Kentucky, and both state facilities received a compliance inspection in FY2005. However, one is not listed as an operating TSD in RCRAInfo. It was recommended that KDEP update the status in RCRAInfo so that the facility is correctly listed as an operating TSD. In RCRAInfo, there are 27 land disposal facilities in Kentucky subject to the RCRA Subpart F groundwater monitoring requirements (as determined by the post-closure universe). In FY2005, nine facilities, or 33% of the universe, received a CME (now termed GME in RCRAInfo) and/or an OAM evaluation. However, only 63% of the land disposal facilities received a GME and/or OAM between FY2003 and FY2005. This does not meet the inspection coverage requirements that are outlined in the OECA FY2005-FY2007 MOA Guidance. Inspections at LQGs: The OECA FY2005-FY2007 MOA Guidance specifies that 20% of the LQG universe should be inspected every year, with a goal of achieving 100% inspection coverage every five years. The data metrics show that in FY2005 KYDEP inspected 78.6% of the LQG universe, and 86% of the LQG universe from FY2001-FY2005. EPA Region 4 has allowed Kentucky to substitute some SQG inspections for LQG inspections (at a 2:1 ratio) over the past two years, but the exact number of inspections is not known. It was not formalized in the KYDEP grant workplan.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: Kentucky did not meet two of the statutory and/or OECA FY2005-2007 MOA Guidance requirements for RCRA inspections, including the following: Only eighty-six percent of the LQGs that were inspected over the five-year period from FY2001-FY2005. OECA NPM guidance requires 100% LQG inspection coverage every five years. Thirty-seven percent of the land disposal facilities did not receive the required GME and/or OAM during the three-year period from FY2003-FY2005. Kentucky did inspect 100% of the operating TSDs from FY2004-2005 and 100% of the State & Local TSDs for FY2005, which meets the statutory inspection requirements. At the time of the SRF Review, this information was not reflected in RCRAInfo because two facilities had incorrect operating status codes. It has been recommended that KYDEP update the operating status of two facilities in RCRAInfo. For the two missed OECA requirements, there are possible explanations for these events. The Kentucky LQG universe may have inactive facilities that are still coded in RCRAInfo as active LQGs. This could result in an erroneous calculation for LQG inspection coverage if the universe number is reported much larger in RCRAInfo than in

actuality. It is recommended that the facility status codes in RCRAInfo be reviewed for accuracy. In addition, both of the LQG and LDF requirements in the OECA guidance are multi-year standards (five-years for LQGs and three-years for LDFs). It is possible that the grant work plans, which are submitted annually, do not take into account the multi-year tracking of these OECA requirements. The workplan may only target 20% of LQGs and 33% of LDFs for that fiscal year, and the multi-year responsibilities for inspection coverage may not be tracked. Inspections at SQGs that are substituted for LQG inspections should also be tracked in the grant workplan. For all recommendations, KYDEP should continue to work with EPA Region 4 during the development of the fiscal year grant workplan to ensure the statutory inspections and OECA guidance requirements are included in the grant commitments, and fulfilled in agreed upon timeframes.

Recommendation Title: Inspection reports should contain sufficient documentation of inspection findings and/or descriptions of facility operations.

Element: E2 Violations ID'ed Appropriately

Finding: Inspections are documented through a combination of inspection checklist, brief narratives, and/or documentation (photographs, copies of manifests, etc). The majority of the inspection reports included adequate information to document violations. However, approximately a third of the reports had a very limited or missing description of the hazardous waste management activities, including the description of facility processes. Understanding the facility processes is a vital component in determining the applicability of RCRA hazardous waste management standards. EPA Region 4 is particularly concerned with the limited information in the TSD and LQG inspections reports reviewed. For example, there was no facility description or narrative of the hazardous waste activities in any of the reports reviewed for an active hazardous waste incinerator.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: Approximately one third of the inspection reports reviewed at part of the SRF did not contain sufficient documentation of inspection findings and/or descriptions of facility operations. KYDEP should outline steps to ensure that (a) RCRA inspectors are trained in conducting and documenting RCRA inspections, including process descriptions and hazardous waste management activities; and (b) future inspection reports include sufficient documentation, including that for process descriptions and hazardous waste management activities. A timeline for implementation of this training should also be developed. EPA recently provided Basic Inspector Training (April 2006) and Hazardous Waste Site Sampling (April 2007) to KDEP staff, and RCRA Enforcement Response Policy training is scheduled for the fall of 2007. Additional resources for training include EPA's National Enforcement Training Institute, which includes several computer-based training courses at no cost (including RCRA Basic Inspector Training). The Region will work with KDEP to secure other training requests, as available.

Recommendation Title: The state should take steps to ensure that RCRA inspectors are trained.

Element: E4 SNC Accuracy

Finding: The OECA data metrics evaluates the Kentucky SNC identification rate compared to the national average. In FY2005, KYDEP RCRA SNC rate was 1.0%, which is less than one - third of the national average of 3.3%. File reviews were conducted to see if an underlying cause of the low SNC rate could be identified. Where violations were identified, the inspection reports did contain supporting documentation. However, approximately one third of the inspection reports reviewed at part of the SRF did not contain sufficient documentation of inspection findings and/or descriptions of facility operations. From the file review, it is not apparent that in-depth compliance inspections were actually being conducted. In addition, RCRAInfo data pulls were compared with information in the file to determine if the violation data was reported timely and accurately. When SNCs were identified, the SNY evaluation was found to be reported into RCRAInfo (RCRAInfo V3 does not currently have the capability to determine timely SNC entry into the database). At KYDEP, inspectors and enforcement staff fill out Compliance Monitoring & Enforcement Logs (CMELs) to have data entered into RCRAInfo by a dedicated RCRAInfo staff person. Not all of the files reviewed contained CMELs for data entry. However, in four KDEP files, the date stamp on the RCRAInfo logs indicated that the SNY was entered between four to eight months after day one (first date of inspection), with an average greater than 180 days. This exceeds the 150 day timeframe for timely determination and entry of SNC data into RCRAInfo.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: KYDEP's low RCRA SNC rate may be attributed to inadequate training in conducting RCRA inspections. As mentioned above, it is recommended that the state take steps to ensure that RCRA inspectors are trained in conducting process-based inspections, and that process descriptions, including the current hazardous waste management activities, are documented in compliance inspection reports. Second, it is recommended that KYDEP review their procedures for RCRAInfo V3 data entry. The late entry of data into RCRAInfo was not limited to enforcement data, but covered compliance information as well. Lastly, in accordance with the signed Memorandum of Agreement (MOA) with EPA (dated September 16, 1999), Kentucky should "provide to EPA by the 20th of every month RCRIS (now RCRAInfo) data representing the previous month's activities." This would include all SNC and Secondary Violator (SV) information from RCRAInfo.

Recommendation Title: KYDEP staff should receive training on RCRAInfo V3 compliance and enforcement module.

Element: E5 Return to Compliance

Finding: EPA reviewed eleven enforcement files as part of the Kentucky RCRA SRF. Nine of the cases reviewed included required actions for the facility to return to compliance. Two cases were either referred to Superfund or went into bankruptcy. In RCRAInfo, a SNC facility's return to compliance is not linked to the formal enforcement action taken for the SNC violations. This includes the compliance schedule evaluations (CSE), record reviews, and SNN determinations. Documentation in the files indicates that the SNC facilities returned to compliance through formal enforcement (other than

Superfund/bankruptcy cases). However, without physically reviewing the enforcement files, it is not possible to determine how and when the SNC facility fully complied with the enforcement action.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: KYDEP enforcement actions do require complying actions that will return facilities to compliance in a specific timeframe. However, this information is not reflected in RCRAInfo. The enforcement actions are not being “linked” in RCRAInfo to a return to compliance that has been documented by a compliance inspection, facility submittal, etc. It is recommended that KYDEP staff receive training on RCRAInfo V3 compliance and enforcement module. EPA Region 4 will work with Kentucky to secure this training.

Recommendation Title: KYDEP should continue to make resolution of SNCs a high priority and reexamine ways this could be improved so the goal of all SNCs being resolved in 360 days is met.

Element: E6 Timely & Appropriate Actions

Finding: Eleven enforcement files were reviewed as part of the KY State Review Framework. Each of the facilities reviewed received a formal enforcement action in FY2005. Excluding two cases (18%) where the facilities went into bankruptcy or were referred to Superfund, the average time to reach a final RCRA enforcement order action was greater than 700 days. Only one of the eleven cases (9%) met the ERP criteria for timely enforcement response. The reorganization of the enforcement programs into the Division of Enforcement in FY2004 may have resulted in KYDEP not meeting the ERP 360 day timeline for formal enforcement cases since new processes and procedural changes to be implemented within the new Division. According to RCRAInfo, the ERP timelines for recent enforcement cases have improved since FY2005.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: The review of the FY2005 KYDEP files disclosed a prolonged enforcement response time to SNC violators. KYDEP should continue to make resolution of SNCs a high priority and reexamine ways this could be improved so the goal of all SNCs being resolved in 360 days is met. Specifically, it is recommended that KYDEP analyze their SNY resolution rate and submit a findings report, including recommendations, to EPA. This can be fulfilled as part of the established bi-monthly conference calls between KYDEP and the EPA Region 4 RCRA & OPA Compliance and Enforcement Branch.

Recommendation Title: KYDEP should consider options to permanently document the penalty calculations in the enforcement files.

Element: E7 Penalty Calculations

Finding: KYDEP does not utilize the RCRA Civil Penalty Policy because of a statutory prohibition against the use of guidance or policies in setting penalties. KYDEP does have factors they consider when determining a penalty amount. They are found in a March 29,

1994, Commonwealth of Kentucky Hearing Officer's Report and Recommendation. These factors do contain a gravity component (designed to reflect the seriousness of the violation) and economic benefit component (designed to calculate the economic advantage of noncompliance). The KDEP documents these factors in its Case resolution proposals. KYDEP considers the factors of gravity and economic benefit, among other factors, in determining the penalties in the enforcement cases. However, no penalty documentation of these considerations or penalty calculations is permanently maintained in the files after the cases are fully resolved.

Status: Long Term Resolution

Expected Completion Date: 09/30/2009

Responsible Agency: State Action

Recommendation Narrative: In order to maintain consistency in enforcement proceedings and penalty calculations, KYDEP should consider options to permanently document the penalty calculations in the enforcement files. The state will consult with EPA in selection and implementation of the option to ensure that it appropriately addresses the aforementioned concerns.

Recommendation Title: KYDEP should maintain both initial and final penalty documentation, including economic benefit and gravity - based calculations.

Element: E8 Penalties Collected

Finding: It is KYDEP's policy not to include penalty calculations in the enforcement files. The final penalties were reflected in RCRAInfo, but the penalty calculations were not formally documented in the files.

Status: Long Term Resolution

Expected Completion Date: 09/30/2009

Responsible Agency: State Action

Recommendation Narrative: In order to maintain consistency in enforcement proceedings and penalty calculations, KYDEP should consider options to maintain both initial and final penalty documentation, including economic benefit and gravity - based calculations. The state will consult with EPA in selection and implementation of the option to ensure that it appropriately addresses the aforementioned concerns.

Recommendation Title: Grant Commitments

Element: E9 Grant Commitments

Finding: It was found that KYDEP met the majority of the compliance related grant commitments, but missed several enforcement grant workplan commitments for FY2005. While KYDEP did not meet several of the enforcement related grant commitments, the state did meet the grant compliance monitoring commitments. Regional EPA/state grants often include activities beyond the statutory and national guidance requirements in order to give a better representation of the state's workload in implementing the RCRA enforcement and compliance program. Many enforcement grant commitments could be viewed as "work projections" rather than actual commitments required by statute/guidance. In many areas, especially enforcement, it is difficult to project exactly how many enforcement cases will develop during any fiscal year.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: It is recommended that grant workplan be updated annually to reflect any changes in guidance/policy for that fiscal year and any changes to the RCRA regulated universe. Any changes to the regulated universe should also be reflected in RCRAInfo. All grant workplan commitments and projections should be negotiated and agreed upon by both KDEP and EPA Region 4.

Recommendation Title: Kentucky should review their procedures for data entry into RCRAInfo V3.

Element: E10 Data Timely

Finding: The OECA data metrics indicate that 100% of the SNCs identified in FY2005 were entered into RCRAInfo greater than 60 days after the date of SNC determination. Similarly, the file review of four FY2005 concluded enforcement cases indicated that the SNY designation were entered into RCRAInfo greater than 180 days (on average) after first date of inspection.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: The RCRA SRF data metrics and file review both point to a timeliness concern for the entry of SNCs into RCRAInfo. As mentioned in Element 4, it is recommended that Kentucky review their procedures for data entry into RCRAInfo V3, as well as the guidelines established in the RCRA Enforcement Response Policy for timely and accurate data entry. It would also benefit KYDEP staff to receive training on both the RCRA Enforcement Response Policy as well and RCRAInfo v3.

Recommendation Title: Secondary Violators (SVs) that have not returned to compliance within 240 days should be redesignated as SNC facilities, and undergo formal enforcement actions.

Element: E11 Data Accurate

Finding: Metric 11(b) - This metric measures the longstanding secondary violations that are not “returned to compliance” or redesignated as SNC. According to the data metric, in Kentucky there were nine facilities that were in violation for greater than three years.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: In conjunction with previous recommendations, EPA proposes that KYDEP closely review the enforcement response procedures between the KYDEP field offices, the Division of Waste Management, and the Division of Enforcement to determine potential delay times. Secondary Violators (SVs) that have not returned to compliance within 240 days should be redesignated as SNC facilities, and undergo formal enforcement actions. KYDEP should evaluate the compliance status of the nine SV facilities that are included in the data metrics and provide an update on the next bi-monthly conference call with the EPA Region 4 RCRA & OPA Enforcement and Compliance Branch.

Recommendation Title: KYDEP should review the accuracy of the regulated universes in RCRAInfo.

Element: E12 Data Complete

Finding: The State Review Framework Metrics were provided to KYDEP. While there has no formal disagreement from the state with the data provided in the report under Metric 12, data discrepancies have come to light in the other SRF element findings. There are two TSDFs in Kentucky with incorrect operating status. Potentially, there may be other discrepancies in the LQG universe.

Status: Completed

Expected Completion Date: 11/30/2007

Responsible Agency: State Action

Recommendation Narrative: It is recommended that KYDEP review that accuracy of the regulated universes in RCRAInfo. A beneficial time to review the universe accuracy would be during the development of the annual fiscal year grant workplans.

Definition of Terms

Round 1 Elements:

Element 1: Degree to which state program has completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state, and regional priorities).

Element 2: Degree to which inspection reports and compliance reviews documents inspection findings, including accurate description of what was observed to sufficiently identify violations.

Element 3: Degree to which Compliance Monitoring Reports are completed in a timely manner, including timely identification of violations.

Element 4: Degree to which significant violations (e.g., significant noncompliance and high priority violations) and supporting information are accurately identified and reported to EPA national databases in a timely manner.

Element 5: Degree to which state enforcement actions include required corrective or complying actions (injunctive relief) that will return facilities to compliance in a specific time frame.

Element 6: Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.

Element 7: Degree to which a state includes both gravity and economic benefit calculations for all penalties, appropriate using BEN model of similar state model (where in use and consistent with national policy).

Element 8: The degree to which penalties in final enforcement actions include economic benefit and gravity in accordance with applicable penalty policies.

Element 9: Degree to which enforcement commitments in the PPA/PPG/categorical grants (SEAs), written agreements to deliver a product/project at a specified time are met and any products or projects are completed.

Element 10: Degree to which the Minimum Date Requirements are timely.

Element 11: Degree to which the Minimum Date Requirements are accurate.

Element 12: Degree to which the Minimum Date Requirements are complete.

Element 13: Optional evaluation element could include program areas such as compliance assistance, pollution prevention, innovation, incentive or self-disclosure programs, outcome

measures, environmental indicators, relationships with Attorney General or other legal offices, etc.

Finding: An observation of activities, processes, or policies that the metrics and/or the file reviews show are being implemented by the state that have significant problems that need to be addressed and that require follow-up EPA oversight.

Status:

Working: The recommendation is in progress, it is expected to be completed, and it is on schedule to meet agreed upon completion date

Completed: The terms of recommendation have been implemented, the corrections have been agreed upon, and the work attributed to the recommendation was completed

Being Negotiated: The region and the state still have to determine the timeline and the procedures for implementing the recommendation, the timeline of recommendation cannot be determined by the completion of the final report

Long Term Resolution: The recommendation cannot be completed without legislative fix, policy change, or institutional arrangement that would have to go on to the future

Responsible Agency: The agency that administers the program. Mostly States, but is EPA where EPA directly implements the program.

List of Acronyms

A

ACS – Annual Commitment System
ASHERA – Asbestos Hazard and Emergency Response Act
AFS – Air Facilities System
AFS ICR - Air Facilities System – Information Collection Request
AST – Above Ground Storage Tank
ASDWA – Association of State Drinking Water Administrators

B

BIA – Bureau of Indian Affairs
BMP – Best Management Practices
BoP – Bureau of Prisons

C

CA – Compliance Assistance
CAA – Clean Air Act
CAC – Compliance Assistance Coordinator
CACDS – Compliance Assistance Conclusion Data Sheet
CAFO – Concentrated Animal Feeding Operations
CBP – Bureau of Customs and border Protection
CBI – Confidential Business Information
CCDS – Case Conclusion Data Sheet
CEC – Commission for Environmental Cooperation
CEI – Compliance Evaluation Inspection
CERCLA – Comprehensive Environmental Response, Compensation and Liability Act
CESQG – Conditionally-exempt Small Quantity Generator
CID – Criminal Investigation Division
CIPs – Compliance Incentive Programs
CMS - Compliance Monitoring Strategy
CSOs – Combined Sewer Overflows
CSS – Combined Sewer Systems
CWA – Clean Water Act
CFC – Chlorofluorocarbon

D

DMR – Discharge Monitoring Report

E

EA – Environmental Assessment
EIS – Environmental Impact Statement
EJ – Environmental Justice
EJAC – Environmental Justice Areas of Concern

EJSEAT – Environmental Justice Strategic Enforcement Assessment Tool
EMP – Environmental Management Practices
EMR – Environmental Management Reviews
EMS – Environmental Management System
EPA – Environmental Protection Agency
EPCRA – Emergency Planning and Community Right to Know Act
ERPs – Enforcement Response Policies
ERP – Environmental Results Program
ESD – Explanations of Significant Differences

F

FCE – Full Compliance Evaluation
FEMA – Federal Emergency Management Agency
FFEO – Federal Facilities Enforcement Office
FIFRA – Federal Insecticide Fungicide and Rodenticide Act
FRP – Facility Response Plan
FTE – Full Time Equivalent

G

GAO – Government Accounting Office
GME – Groundwater Monitoring Evaluation
GPRA – Government Performance and Results Act

H

HAP – Hazardous Air Pollutant
HPV – High Priority Violators
HQ - Headquarters
HUD – Housing and Urban Development

I

IAC – Innovative Action Council
ICDS – Inspection Conclusion Data Sheet
ICIS – Integrated Compliance Information System
ICIS – NPDES Integrated Compliance Information System – National Pollutant Discharge Elimination System
IG – Inspector General
INECE – International Network for Environmental Compliance and Enforcement
IU – Industrial users (non-domestic)
IPOD – ICIS Policy on Demand

L

LBP – Lead-based Paint
LDAR - Leak Detection and Repair
LEA – Local Education Authority
LGEAN – Local Government Environmental Assistance Network
LQG – Large Quantity Generator

M

MACT – Maximum Achievable Control Technology
MDR – Minimum Data Requirements
MOA – Memorandum of Agreement
MS4 – Municipal Separate Storm Sewer System

N

NAAQS – National Ambient Air Quality Standards
NEIC – National Enforcement Investigations Center
NEJAC – National Environmental Justice Advisory Council
NEPA – National Environmental Policy Act
NESHAP – National Emissions Standards for hazardous Air Pollutants
NETI – National Enforcement Training Institute
NOV – Notice of Violation
NO_x – Nitrogen Oxide
NPDES – National Pollutant Discharge Elimination System
NPL – National Priorities List
NPM – National Program Manager
NRC – National Response Center
NSPS – New Source Performance Standards
NSR – New Source Review
NTP – National Training Plan

O

OAM – Operation and Maintenance
OAP – Office of Administration and Policy
OC – Office of Compliance
OCE – Office of Civil Enforcement
OCEFT – Office of Criminal Enforcement, Forensics and Training
OCFO – Office of Chief Financial Officer
OCIR – Office of Congressional and Intergovernmental Relations
ODS – Ozone Depleting Substances
OECA- Office of Compliance and Assurance
OEJ – Office of Environmental Justice
OGD – Office of Grants and Disbarment
OIG – Office of the Inspector General
OMB – Office of Management and Budget
OPP – Office of Pesticide Programs
OPPTS – Office of Prevention, Pesticides, and Toxic Substances
OSWER – Office of Solid Waste and Emergency Response
OTIS – Online Tracking Information System

P

PBT – Persistent Bio-accumulative Toxics
PCB – Polychlorinated Biphenyls

PCE – Partial Compliance Evaluation
PCS – Permit Compliance System
PEI – Production Establishment Inspections
PFA – Preliminary Financial Assessments
PM10 – Particulate Matter
POTW – Publically Operated Treatment Works
PPA – Performance Partnership Agreement
PPG – Performance Partnership Grants
PRP – Potentially Responsible Party
PSD – Prevention of Significant Deterioration
PWS – Public Water System
PWSS – Public Water System Supervision

R

RCRA – Resource Conservation Recovery Act
RCRAInfo – Resource Conservation and Recovery Act Information
RECAP – Regional Enforcement and Compliance Assurance Program
RMP – Risk Management Plan
ROD – Record of Decision
RR+P – Renovation, Repair and Painting

S

SAAP – Special Appropriations Act Projects
SAC – Special Agent-in-Charge
SCAP – Superfund Comprehensive Accomplishment Planning
SDWA – Safe Drinking Water Act
SDWIS/ODS – Safe Drinking Water Information System/ Operational Data System
SEC – Securities and Exchange Commission
SEE – Senior Environmental Employment
SEP – Supplemental Environmental Project
SGTM – State Grant Template Measures
SITS – Strategy Implementation Teams
SLPD – Special Litigation and Projects Division
SNCs – Significant Noncompliance
SOC – Significant Operational Compliance
SO2 – Sulfur Dioxide
SPCC – Spill Prevention Control and Countermeasures
SQG – Small Quantity Generator
SRF – State Review Framework
SSO – Sanitary Sewer Overflows
STAG - -State and Tribal Assistance Grant
SWPPP – Stormwater Pollution Prevention Plan

T

TSCA – Toxic Substance Control Act
TSD - Treatment, Storage and Disposal

TSDF – Treatment, Storage and Disposal Facility
TSS – Total Suspended Solids
TVA – Tennessee Valley Authority

U

UIC – Underground Injection Control
UNICOR – trade name of Federal Prison Industries
UST – Underground Storage Tank

V

VOC – Volatile Organic Compounds

W

WW – Wet Weather